Written Testimony of Robert Altmeyer

Before the Oversight and Investigations Subcommittee

House Energy and Commerce Committee

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My name is Robert Altmeyer. I am a pulmonologist from West Virginia. I have been invited by the chairman, Mr. Whitfield to appear here today. By way of introduction, I have been practicing pulmonary medicine in West Virginia for the past 25 years. I am certified by the American Board of Internal Medicine in Internal Medicine and Pulmonary Medicine and am certified by the National Institute for Occupational Safety and Health as a B Reader. My practice is limited to pulmonary medicine. On a daily basis, I see patients in local hospitals and in my office with occupationally related and non-occupationally related lung diseases. I am currently the only lung specialist in my area in West Virginia who sees patients for free if they have no insurance or other method of payment. For the past several years I had been listed in "Best Doctors" in the United States, as outlined on my curriculum vitae.

Over the past 25 years I have been also involved in the medico legal aspects of occupationally related lung disease. I have served as a consultant both for plaintiff attorneys and for defense attorneys. The vast majority of my time, however, is spent in the active practice of clinical pulmonary medicine in West Virginia.

I would now like to comment on the steps necessary to make a diagnosis of silicosis. First and most important is the fact that a diagnosis of silicosis cannot be made on the basis of a chest x-ray alone. In my twenty five years of practicing Pulmonary Medicine, to my knowledge, I have not diagnosed silicosis on the basis of a chest x-ray alone. The diagnosis of silicosis requires knowledge of silica dust exposure, coupled with a physical examination and medical history that excludes other more likely causes of the densities found by chest x-ray. Infectious diseases, cancer, sarcoidosis, drugs and other factors can mimic silicosis on a chest x-ray. A chest x-ray consistent with silicosis is not a partial diagnosis, but rather one of the components, that when combined with an appropriate history and physical, leads to an actual diagnosis of silicosis.

According to NIOSH protocol, if a chest x-ray shows sufficient changes to be consistent with occupational pneumoconiosis, then box 2A is checked. This box does not indicate that the findings are diagnostic of pneumoconiosis but rather are consistent with pneumoconiosis. This is an important distinction. Apparently there may be some confusion regarding this point among some attorneys. However, if they are sophisticated enough to request a B reading, it is my opinion they should be aware of this fact.

I now would like to outline my connection with the Federal Silica MDL in Corpus Christi, Texas. I was requested by a law firm to review chest x-rays as a B reader. Of several hundred chest x-rays, I felt that approximately 50 were consistent with silicosis. Of these, approximately 35 were in this MDL. I did not make diagnoses of silicosis. My

office staff can find only B readings on these individuals and not examinations. However, for a number of these B Readings, apparently I was listed as the silicosis diagnosing physician. This is not correct. In my reports, I clearly stated that the x-ray was consistent with silicosis. I know of no complete examinations with diagnoses of silicosis, that I authored, in this MDL. However, there are two records we cannot locate.

I was not requested to appear in any hearings in the Texas Silica MDL.

I was not asked to appear at the Daubert hearings before Judge Jack. In her order she stated that "The diagnoses and and underlying methodology of Dr. Altmeyer and Dr. Levine are not discussed in this Order. By agreement of the parties (because of the relatively small number of diagnoses Dr. Altmeyer and Dr. Levine issued), neither doctor testified at the Daubert hearings/Court depositions." Again, I would point out that I performed B readings and did not make silicosis diagnoses, to my knowledge, on any of these individuals in the MDL. I was not criticized by Judge Jack and I have not engaged in any activities like the ones described by Judge Jack.

Over the years, when performing a B Reading, if I saw anything potentially dangerous to the patient such as masses or nodules, this was noted very clearly on my narrative report of the B reading and also in the " comment " section of the actual B Reading form.. My office would contact the law firm or ordering entity telephonically to let them know of the abnormality so that the individual could have follow-up in a timely fashion. This protocol provided a triple check to ensure that the person had appropriate follow up by his treating physician.

I have been involved in on-site screening for silicosis. When present at screenings, and if I felt that a chest x-ray was consistent with silicosis, then I would examine the person. This examination consisted of confirming the occupational and medical history. I would accomplish this by dictating the individual's report in his or her presence so that he or she could make any additions, corrections or deletions. This methodology was to obtain the most accurate information possible. Then a physical examination directed at the cardiopulmonary system was done. This included auscultation or listening to the lungs, inspection of the chest, percussion of the chest, auscultation the heart, inspection for clubbing and cyanosis of the digits, checking for supraclavicular adenopathy (lymph nodes above the collar bones), checking for peripheral edema (swelling of the legs) and a general assessment by inspection of the person.

Therefore, the individual would know precisely what was in his report. If there was any concern about a nodule, for example, on the x-ray, I would show this to him. It was my practice not only to tell the person of any significant abnormalities, but also to give a written notification to the patient. Often, after the dictation, the individual would ask me questions about his report, which I would answer fully. My concern is and always has been to make sure that the individual understands the results of his testing so that he can have follow-up by his personal physician. Whenever I made a diagnosis of any significant lung disease, I informed the individual and advised followup by the personal treating physician. It has been my understanding that without making specific recommendations regarding treatment or prescribing medications, that a doctor-patient

relationship was not established by this procedure and that, I was acting more as as a consultant and not a treating physician. Nonetheless, I have always strove to protect the patients' health in these screenings. I believe my B Readings are accurate as are any diagnoses which I have made. I would be glad to answer any questions you have.

Robert B. Altmeyer, M.D.